## L19000121707

| (Requestor's Name)                      |
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| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

∙TO:

| Registration Solution of Co            |  |  | •  |               |
|--|--|--|--|---------------|
|  | M.O.R.E. PAR                                 | TNFRS  | _1 C                                       | •             |
| SUBJECT:                               | Name of Lim                                  | ted Liability Company  |  |               |
| The enclosed Articles of               | Amendment and fee(s) are sub-                | mitted for filing.   |  |               |
|  | ondence concerning this matter               | -  |  |               |
| · ···································· |  |  |  |               |
|  | Ter  | ell Killin<br>Name of Person                                     | g S  |               |
|  | M.O.R.E.                                     | PARTVEI  | es LC                                      |               |
|  | 21/14/41                                     |  |  |               |
|  | <u>21611VW</u>                               | 60 S+  |  |               |
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|  | - Migmi,                                     | FL 331   | 42   |               |
|  | more.  | City/State and Zip Code Con 9/omer                               | 42<br>9+e 6) 9mgi/.Com                     | 7             |
|  | E-mail address: (                            | to be used for future annu:                                      | l report notification)                     |               |
| For further information of             | concerning this matter, please ca            | all:   |  |               |
| Tecell K                               | illinas                                      | a., 305 \  | 336 0075                                   |               |
| Name o                                 | of Person                                    | Area Code  | Daytime Telephone Number                   |               |
|  |  |  |  |               |
| Enclosed is a check for t              | he following amount:                         |  |  |               |
| \$25.00 Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee<br>Certified Copy<br>(additional copy is ea | Certificate (nclosed) Certified (          | e of Status & |
| <u>Mailing Addre</u><br>Registration   |  |  | Address: ration Section                    | > [           |
| Division of C                          |  |  | on of Corporations                         | )             |
| P.O. Box 632                           | 27   |  | entre of Tallahassee                       |               |
| Tallahassee,                           | FL 32314                                     |  | N. Monroe Street, Suite 81 assee. FL 32303 | 0             |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MOR.E. PAR  | TNERS LLC   |                               |                              |                  |
|---|---|-------------------------------|------------------------------|------------------|
| (Name of the Limited I  | Liability Company as it now app-<br>Florida Limited Liability Company   | ears on our records.)<br>v)   |                              |                  |
| The Articles of Organization for this Limited Liabi<br>Florida document number <u>L 1 9000</u> 1  | lity Company were filed on _<br>22707   | 05/06/201                     | 9 and assig                  | gned             |
| This amendment is submitted to amend the following  | ng:   |                               |                              |                  |
| A. If amending name, enter the new name of th   | e limited liability company   | here:                         |                              |                  |
| The new name must be distinguishable and contain the word   | s "Limited Liability Company," th   | e designation "LLC" or the ab | breviation "L.L              | C."              |
| Enter new principal offices address, if applicabl   | e:  |                               |                              |                  |
| (Principal office address MUST BE A STREET A  | 1DDRESS)  |                               |                              |                  |
|   |   |                               |                              |                  |
| Enter new mailing address, if applicable:   |   |                               |                              |                  |
| (Mailing address MAY BE A POST OFFICE BO  | <u></u>   |                               |                              |                  |
| B. If amending the registered agent and/or regi<br>agent and/or the new registered office address h   |   | r records, enter the nam      | e of the new                 | registered       |
| Name of New Registered Agent:   |   |                               |                              |                  |
| New Registered Office Address:  |   |                               |                              |                  |
|   | Enter F   | Florida street address        |                              | _                |
| -   | City  | , Florida                     | Zin Coda                     | <i>ι?</i> Δ      |
| New Registered Agent's Signature, if changing Reg   | •   |                               | Zip Code<br>21               | 49               |
| I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the registed company has been notified in writing of this change in the register. | igent and agree to act in th<br>and complete performance<br>red agent as provided for in<br>distered office address. I he | n Chapter 605, F.S. Or,       | iqquitar yur<br>if this docu | rana<br>pient is |
|   | If Changing Registered  | Agent, Signature of New Re    | gistered Agent               |                  |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | Address                          | Type of Action |
|--------------|-----------------|----------------------------------|----------------|
| AMBR         | Terell Killings | 2161 NW 60 St<br>Migmi, FL 33142 | 🗆 Add          |
|              |                 | Migmi, FL 33142                  | □Remove        |
|              |                 |                                  | GChange        |
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|                         | r information, enter chan   |                  |   |                                       |                   |                           |
|-------------------------|---|------------------|---|---------------------------------------|-------------------|---------------------------|
| Please 6                | ensure that   | I '              | 'Terelik                                    | <u> Cillings</u>                      | is                |                           |
| listed                  | as the AMBR   | - and            | sole men                                    | iber of                               |                   |                           |
|                         | PARTNERS LL   |                  |   |                                       |                   |                           |
| 111.0.10.0              | THRINERS CL   | <u> </u>         | <del>-</del>                                |                                       |                   |                           |
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| fective date, if othe   | er than the date of filing: _   | <del></del>      | 1   | (op                                   | tional)           | 4.05.0300                 |
| ote: If the date insert | , the date must be specific and can<br>ed in this block does not meet | the applicabl    | date of filing or mo<br>le statutory filing | re than 90 days an<br>requirements, t | his date will no  | ot be listed as           |
| cument's effective da   | ate on the Department of State  | e's records.     |   |                                       | 7 21              | PS                        |
| ecord specifies a dela  | yed effective date, but not an  | effective time   | . at 12:01 a.m. o                           | the earlier of:                       | (b) The 99th      | dav af <del>ter</del> the |
| is filed.               | ,   |                  |   |                                       | PR -              |                           |
| uted Marc               | h 23  | 2021             |   |                                       | · ·               | in                        |
| ited                    | <u>n</u> <u>0</u>   | 2001             | •   |                                       | · A               | Ö                         |
|                         | 24  |                  | -   |                                       | l: 5 <sub>t</sub> | _                         |
|                         | Signature of a men  | iber or authoriz | ed representative of                        | of a member                           |                   |                           |
|                         | Terell  |                  |   |                                       |                   |                           |